Utah State Office of Education P.O. Box 144200 Salt Lake City, Utah 84114-4200 Special Education Services

Problem Solving Facilitation Process Intake Information (completed by referring agency or Coordinator)

Referral Source: Student name: Parent(s) name: Address:	□UPC	□LINCS	□LEA	□US	OE		
Phone: Best time to contact Email:	:	ner phone:					
District:	School:				Grade level:		
Primary Language Spoken by Parents: Is child receiving special education?				Disability classification:			
Setting (LRE) served in:							
Does parent need accommodations in order to participate in this process? If so, what?							
With whom have you discussed this concern before now? □USOE □ School □LINCS □Utah Parent Center □District □Legal Counsel □Other Person's name							
Primary Areas of Concern							
Describe the concern or issues							
Is this a time sensiti	ve issue? Ir	n what way	<u>/?</u>				
(Office Use Only)							
These issues of concern are primarily in the area of: Identification □ Child Find □ Evaluation □ Eligibility							
identification	L Cilia i	iid L) i i	Liigibiiii	ry	
IEP/FAPE	□Goals □ Behavio □Program	or [□Services □ Discipline ons and Su		□Progress □Other	s Report	
LRE/Placement	□Amount o	of special e	education	□Place	ment on co	ontinuum	
Facilitator assigned: Date: Coordinator's signat							